

STATE OF WEST VIRGINIA  
SECRETARY OF STATE  
BLDG. 1, SUITE 157K  
1900 KANAWHA BLVD. EAST  
CHARLESTON, WV 25305

**APPLICATION FOR PRIVATE INVESTIGATOR LICENSE**

**PLEASE READ CAREFULLY** false, incomplete or inaccurate answers will lead to automatic refusal of this application.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Last Name First Middle Maiden Name Nickname
4. \_\_\_\_\_  
Address City State Zip
5. \_\_\_\_\_  
Mailing Address City State Zip
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
County Phone Number Social Security Number
9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_  
Birthdate Place of Birth Male/Female Single/Married/Widowed/Divorced
13. \_\_\_\_\_ 14. \_\_\_\_\_  
Name of Spouse Occupation/Employment of Spouse
15. US Citizen \_\_\_\_\_ 16. WV Resident \_\_\_\_\_ # of years \_\_\_\_\_ 17. Height \_\_\_\_\_ 18. Weight \_\_\_\_\_
19. Eye Color \_\_\_\_\_ 20. State of driver's license \_\_\_\_\_ 21. License Number \_\_\_\_\_
22. List identifying scars, marks or tattoos \_\_\_\_\_
23. \_\_\_\_ Yes \_\_\_\_ No 24. Branch \_\_\_\_\_ 25. Rank \_\_\_\_\_ 26. Dates \_\_\_\_\_  
Military Service
27. \_\_\_\_\_ 28. \_\_\_\_\_  
Type of Discharge If dishonorable, please explain
29. \_\_\_\_\_ 30. \_\_\_\_\_  
Business Name Business Phone
31. \_\_\_\_\_  
Business Address City County State Zip
32. Are you or have you ever been addicted to the immoderate use of alcohol and/or drugs or treated for an alcohol or drug related illness? \_\_\_\_\_
33. Have you ever been a patient in a public or private mental hospital? \_\_\_\_\_  
If so, please list \_\_\_\_\_

34. Have you ever been discharged, suspended or forced to resign from any position? \_\_\_\_\_  
If yes, give name and address of the employer, date of the discharge or forced resignation and the reason \_\_\_\_\_  
\_\_\_\_\_
35. Have you ever been denied a private investigator's license or any other professional certification? \_\_\_\_\_  
If yes, give complete details \_\_\_\_\_  
\_\_\_\_\_
36. Have you ever had a private investigator's license suspended or revoked or any other professional certification?  
\_\_\_\_\_ If yes, give complete details \_\_\_\_\_  
\_\_\_\_\_
37. Have you ever been affiliated with an agency that operated without a valid license or whose license has been  
suspended or revoked? \_\_\_\_\_ If yes, give the name and address of the agency, the dates of  
operation, suspension or revocation, and your relationship to the agency \_\_\_\_\_  
\_\_\_\_\_
38. Have you ever applied for and/or received a license elsewhere? \_\_\_\_\_
39. **EDUCATION: If your qualifications are based on studies in investigative work at an accredited college or  
university you MUST enclose a copy of your transcript with the application.**
- High School \_\_\_\_\_ Grade Completed \_\_\_\_\_ Years Attended \_\_\_\_\_  
GED \_\_\_\_\_ If yes, year completed \_\_\_\_\_
- College \_\_\_\_\_ Years attended \_\_\_\_\_ Total Semester Hours \_\_\_\_\_
- Total Semester Hours in Investigative Studies \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_
- Degree Received \_\_\_\_\_
- Additional Training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
40. List all jobs you have held. Put your present or most recent job first. If you need more space, you may attach  
additional sheets. Include military service and temporary part-time jobs.
- A. Name of employer \_\_\_\_\_ Type of business \_\_\_\_\_  
Address of employer \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Position(s) held \_\_\_\_\_

Began \_\_\_\_\_ Left \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Hours worked per week \_\_\_\_\_

B. Name of employer \_\_\_\_\_ Type of business \_\_\_\_\_

Address of employer \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Position(s) held \_\_\_\_\_

Began \_\_\_\_\_ Left \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Hours worked per week \_\_\_\_\_

C. Name of employer \_\_\_\_\_ Type of business \_\_\_\_\_

Address of employer \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Position(s) held \_\_\_\_\_

Began \_\_\_\_\_ Left \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Hours worked per week \_\_\_\_\_

D. Name of employer \_\_\_\_\_ Type of business \_\_\_\_\_

Address of employer \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Position(s) held \_\_\_\_\_

Began \_\_\_\_\_ Left \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Hours worked per week \_\_\_\_\_

E. Name of employer \_\_\_\_\_ Type of business \_\_\_\_\_

Address of employer \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Position(s) held \_\_\_\_\_

Began \_\_\_\_\_ Left \_\_\_\_\_ Full-time/Part-time \_\_\_\_\_ Hours worked per week \_\_\_\_\_

41. If eligibility for private investigator's license is based upon prior investigative experience list the details of such employment experience \_\_\_\_\_

42. Have you ever been charged, indicted, arrested or convicted of any criminal offenses of any nature: (Failure to answer this question fully and correctly will result in denial of your application) \_\_\_\_\_

43. Have you ever been known by another name? \_\_\_\_\_ If yes, list all such names and spelling variations \_\_\_\_\_  
\_\_\_\_\_
44. Please list all addresses used in the last ten (10) years \_\_\_\_\_  
\_\_\_\_\_

**YOU MUST INCLUDE THE FOLLOWING DOCUMENTATION WITH THE COMPLETE NOTARIZED APPLICATION:**

- **Character references from five (5) reputable citizens who have known you for at least five (5) years preceding the application and for the purpose of this application (form enclosed).**
- **Two (2) passport size photos taken within one year of the date of the application.**
- **Fingerprints of all fingers of both hands on State Police Fingerprint Cards.**
- **Correct application fee. West Virginia Resident Application: Individual - \$150, Firm - \$250. Non-Resident Application: Individual - \$550, Firm \$550. \*\*\*NOTE: FEE INCLUDES A NON REFUNDABLE APPLICATION PROCESSING FEE of \$50, REMAINING FEE IS REFUNDED IF APPLICATION IS DENIED.**
- **A completed surety bond, by an approved insurance company, in the amount of \$2,500 (form enclosed).**
- **Supporting documentation of qualifications, education or employment for private investigations.**

**OATH OR AFFIRMATION**

State of \_\_\_\_\_, County of \_\_\_\_\_ .

I, \_\_\_\_\_, understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I hereby authorize anyone possessing this information to furnish it to the Secretary of State and any authorized representative of the Secretary of State. I release the Secretary of State and any authorized representative from all liability and damages whatsoever in furnishing, obtaining or using said information. Further, I hereby certify that all answers and statements given herein are true and correct without reservation of any kind.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

My Commission expires on \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

## CERTIFICATION OF CHILD SUPPORT OBLIGATIONS FORM

\*\*\*\*PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION\*\*\*\*  
(Please print or type)

1. **Applicant's Name:** Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_
2. **Applicant's Address:** Street: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State/Zip: \_\_\_\_\_
3. **Telephone:** \_\_\_\_\_
4. **Social Security Number:** \_\_\_\_\_
5. **If a firm please complete the following information:**
- Firm Name: \_\_\_\_\_
- Firm Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Firm Telephone: \_\_\_\_\_

Pursuant to WV Code §48A-5A-5(c) each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

### Please answer yes or no to the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have a child support obligation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If the answer to question 1, above, is yes, are you in arrearage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you the subject of a child support related subpoena or warrant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I, \_\_\_\_\_ do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge. I understand that if I make a false statement concerning any question on this application, I may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of my private investigator and/or security guard license.

\_\_\_\_\_  
Signature of Applicant

**CHARACTER REFERENCE LETTER FOR THE FOLLOWING APPLICANT:**

**CHARACTER REFERENCE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Length of time that reference has known applicant : \_\_\_\_\_

**COMMENTS:**

I, hereby certify that all the comments given herein are true and complete without reservations of any kind, I, also hereby certify that I have known the applicant filing for a private investigator and/or security guard for at least five years and that I am not related to the applicant by blood or marriage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date